

FILED JUL 8 1957

THE DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021 398
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2820

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 E. 9th STREET		Length of stay in lb 34 YEARS		d. STREET ADDRESS (If outside, give location) 514 EAST 9th STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PAUL Middle DANIEL Last SWAYZE				4. DATE OF DEATH Month JUNE Day 14 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 21, 1874	
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DAVID CLAY SWAYZE				14. MOTHER'S MAIDEN NAME MARY JANE FORD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. ANNIE L. YOUNG 3032 E. 7th St. K.C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Pulmonary Insufficiency						INTERVAL BETWEEN ONSET AND DEATH 4201	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				22b. ADDRESS 1034 Rio Vista Blvd		22c. DATE SIGNED 6-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JUNE 16, 1957		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-15-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Basil V. Honey

Licensed Embalmer No. *46*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.